

DIETARY MANAGEMENT OF OBESITY

A Presentation by:

Dr. Sultan Mahmood, PhD

Chief Nutritionist

First Dietcare & Research Center,

New Chouburji Park, Lahore

Tel: (0300&0321) 430.2528

Introduction

- Purpose of today's discussion is to create an awareness about this disease as well as to create consensus among the audience.
- The presenter has a decade long experience combating obesity in the town.
- Main objective is WEIGHT LOSS.

Topics of Discussion

- **1.0 Definition**
- **2.0 Risk Assessment**
- **3.0 Causes**
- **4.0 Treatment**
- **5.0 Dietary Management**
- **6.0 Next Steps**
- **7.0 Take-Home message**
- **8.0 References**

1.0 Definition

- Obesity is a condition of having excess body weight with a BMI (body mass index) over 30 kg/m². Patients with a BMI between 25 and 30 are considered overweight, but not obese.
- But being obese is different from being overweight. An individual is considered obese when weight is 20% (25% in women) or more over the maximum desirable for their height. When an adult is more than 100 pounds overweight, it is considered morbid obesity.

2.0 Risk Assessment

- Assessment of overweight involves using three key measures:
 - (1) Body mass index (BMI)
 - (2) Waist circumference
 - (3) Risk factors for diseases and conditions associated with obesity

2.0 Risk Assessment

- 2.1 Body Mass Index (BMI)
- Use the BMI tables to estimate your total body fat. This is found as BMI calculator, e.g. BMI score means:
 - BMI Below 18.5 Underweight
 - BMI 18.5 - 24.9 Normal
 - BMI 25.0 - 29.9 Overweight
 - BMI 30.0 and Above Obesity

2.0 Risk Assessment

- 2.1 BMI
- BMI is a reliable indicator of total body fat, which is related to the risk of disease and death. The score is valid for both men and women but it does have some limits. It may overestimate body fat in athletes and others who have a muscular build, and it may underestimate body fat in older persons and others who have lost muscle mass.

2.0 Risk Assessment

- **2.2 Waist Circumference**
- Determine waist circumference by placing a measuring tape snugly around your waist.
- It is a good indicator of your abdominal fat.
- Risk increases if waist measurement is over 40 inches in men and over 35 inches in women.

2.0 Risks Assessment

■ 2.3 Risk Factors

- Hypertension
- Dyslipidemia
 - High LDL-cholesterol
 - Low HDL-cholesterol
 - High triglycerides
- Type 2 diabetes

2.0 Risks Assessment

- 2.3 Risk Factors

- Coronary heart disease
- Stroke
- Gallbladder disease
- Osteoarthritis
- Sleep apnea

2.0 Risk Assessment

- 2.3 Risk Factors
- Respiratory problems; and
- Endometrial, breast, prostate, and colon cancers.
- Higher body weights are also associated with increases in all-cause mortality.
- Physical inactivity
- Cigarette smoking

3.0 Causes

- Consumption of more food than the body can use
- Sedentary lifestyle
- Alcohol intake
- Depression & anxiety

3.0 Causes

■ 3.1 Healthy Eating

- We now know that good nutrition lowers the risk for many chronic diseases.
- Very few people understand healthy eat programs which recommends five or more servings of fruits and vegetables each day. 13

3.0 Causes

- 3.1 Healthy Eating

- Poor eating habits are often established during childhood. More than 60% of young people eat too much fat, and less than 20% eat the recommended five or more servings

3.0 Causes

- **3.2 Lack of Physical Activity**
- Regular physical activity substantially reduces
- Coronary heart disease, colon cancer, diabetes, and high blood pressure.
- It also helps to control weight; contributes to healthy bones, muscles, and joints; reduces falls among the elderly; helps to relieve the pain of arthritis; reduces symptoms of anxiety and depression
- It is associated with fewer hospitalizations, physician visits, and medications.

4.0 Treatment

- Pharmacological Treatment

Medical treatment is not my job.

- Non-Pharmacological Treatment

- Weight loss thru diet change
- Weight loss thru exercise

5.0 Dietary Management

- **The Belly-Fullness Tips / Tricks**
- Changing the way you go about eating can make it easier to eat less without feeling deprived.
- It takes 15 or more minutes for your brain to get the message you've been fed.
- Slowing the rate of eating can allow satiety (fullness) signals to begin to develop by the end of the meal.

5.0 Dietary Management

- TIPS / TRICKS
- Eating lots of vegetables can also make you feel fuller.
- Another trick is to use smaller plates so that moderate portions do not appear meager.
- Changing your eating schedule, or setting one, can be helpful, especially if you tend to skip, or delay, meals and overeat later.

5.0 Dietary Management

- TIPS / TRICKS
- Some people who need to lose weight for their health don't recognize it, while others who don't need to lose weight, want to get thinner for cosmetic reasons.
- By looking someone you can guess his weight but not his corresponding cholesterol level or blood pressure.
- Successful weight management is a long-term challenge.

5.0 Dietary Management

- TIPS / TRICKS
- Stress, depression and poor eating habits add weight.
- Avoid a sedentary lifestyle.
- Perform aerobic exercise for at least 30 minutes a day, 5 times a week (total 150 min), and try to increase physical activity in general.

5.0 Dietary Management

- TIPS / TRICKS
- Obese or overweight people having two or more risk factors, need weight loss.
- Even a small weight loss (just 10%) will help to lower risk of developing diseases associated with obesity.
- Patients who are overweight, do not have a high waist measurement, and have less than 2 risk factors may need to prevent further weight gain rather than lose weight.

5.0 Dietary Management

- TIPS / TRICKS
- Weight loss should be about 1 to 2 pounds per week for a period of 6 months
- Reducing dietary fat alone without reducing calories is not sufficient for weight loss.

5.0 Dietary Management

- TIPS / TRICKS
- A diet that is individually planned to help create a deficit of 500 to 1,000 kcal/day should be an integral part of any program aimed at achieving a weight loss of 1 to 2 pounds per week.

5.0 Dietary Management

- TIPS / TRICKS
- The combination of a reduced-calorie diet and increased physical activity is recommended since it produces weight loss that may also result in decreases in abdominal fat and increases in cardio-respiratory fitness.

5.0 Dietary Management

- TIPS / TRICKS
- A weight-maintenance program should be a priority after the initial 6 months of weight-loss therapy.
- Compare the total calories in similar products and choose the lowest calorie ones.

6.0 Next Steps

- Use following Low-Calorie Foods
- Fat free or low-fat milk, yogurt, cheese and other milk products
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- Light or diet margarine
- Eggs

6.0 Next Steps

- Low-Calorie Foods
- Plain cereal, dry or cooked
- Rice, pasta
- White meat chicken or turkey (remove skin)
- Fish

6.0 Next Steps

- Low-Calorie Foods
- Beef: round, sirloin, chuck arm, loin, etc.
- Dry beans and peas

6.0 Next Steps

- Low-Calorie Foods

- Fresh, frozen, canned fruits in light syrup or juice
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- Fresh, frozen, or no salt added canned vegetables
- Low fat or nonfat salad dressings

6.0 Next Steps

- Low-Calorie Foods
- Mustard and catsup
- Jam, jelly, or honey
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- Herbs and spices
- Salsa (vegetable salad with vinegar)

7.0 Take-Home Message

- Promoting regular physical activity and healthy eating and creating an environment that supports these behaviors are essential to reduce the epidemic of obesity.

8.0 References

- The Holy Prophet (pbuh)
- The National Heart, Lung, and Blood Institute, USA
- National Institute of Diabetes and Digestive and Kidney Diseases, USA
- National Institutes of Health, USA



Thank You